415 - PROVIDER NETWORK DEVELOPMENT AND MANAGEMENT PLAN POLICY

Original Date: 12/13/07
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Staff responsible for policy: DHCM Operations

I. Purpose

This policy provides guidance to Acute Care and Arizona Long Term Care System (ALTCS) Contractors to develop Provider Network Development and Management Plans. It is critical for Contractors to develop provider networks that are diverse and flexible to meet a variety of member issues both immediate as well as long range. Provider networks must be a foundation that supports an individual's needs as well as the membership in general.

II. Definitions

Contractor	An organization or entity agreeing through a direct contracting relationship with AHCCCSA to provide the goods and services specified by the contract in conformance with the stated contract requirements, AHCCCS statute and rules and Federal law and regulations.
GSA	Geographic Service Area: A specific county or defined grouping of counties designated by AHCCCSA within which a Contractor provides, directly or through subcontract, covered health care to members enrolled with that Contractor.
Provider	Any person or entity who contracts with AHCCCSA or a Contractor for the provision of covered services to members according to the provisions A.R.S. § 36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. § 36-2901.

III. Policy

The Contractor shall develop and maintain a provider network development and management plan, which assures the Administration that the provision of covered services will occur as stated in the Contract [42 CFR 438.207(b)]. The Network Development and Management Plan must be evaluated; updated and submitted to AHCCCSA, Division of Health Care Management, 45 days from the start of each contract year.

ALTCS Program Contractors only: The Program Contractor must also submit the Network Attestation form in conjunction with the annual submission of the Network Development and Management Plan.

Contractors will submit the Plan to their assigned Operations and Compliance Officer at one of the following addresses:

Acute Care Contractors:

[Compliance Officer Name]
AHCCCS Division of Health Care Management
MD 6500
701 E. Jefferson St.
Phoenix, AZ 85034

Long Term Care Contractors:

[Compliance Officer Name]
AHCCCS Division of Health Care Management
MD 6100
701 E. Jefferson St.
Phoenix, AZ 85034

The Contractor shall immediately notify AHCCCS in writing when there has been a significant change in operations that would affect adequate capacity and services. The changes include, but are not limited to, changes in services, covered benefits, geographic service areas, payments or eligibility of a new population.

IV. Procedure

The Network Development and Management Plan shall include the Contractors process to develop maintain and monitor an appropriate provider network that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract (items that apply to only ALTCS or Acute Contractors are identified in **bolded** parenthetical notation).

The Plan must include the process the Contractor utilizes to ensure:

1. That covered services are accessible to AHCCCS members in terms of timeliness, amount, duration and scope as those are to non-AHCCCS persons within the same service area.
2. That covered services are provided promptly and are reasonably accessible in terms of location and hours of operation.
3. That there shall be sufficient personnel for the provision of all covered services, including emergency medical care on a 24 hour a day, 7 day a week basis.
4. (**ALTCS only**): A priority should be placed on allowing members, when appropriate, to reside or return to their own home versus having to reside in an institution or alternative residential setting. To that end the development of home and community based services shall include provisions for the availability of services on a 7 day a week basis, and for extended hours, as dictated by member needs.

The plan must also include a description or explanation of the following:

1. Evaluation of the prior year's Plan including reference to the success of proposed interventions and/or the need for re-evaluation;
2. Current status of the network by service type (Hospital, Nursing Facility, HCBS, Primary Care OB/GYN, Specialist, Oral Health, Non Emergent Transportation, Ancillary Services, etc.) at all levels including:
    a. how members access the system
    b. relationships between the various levels (e.g. PCP, Specialists, Hospitals)
3. Current network gaps and the methodology used to identify them;
4. Immediate short-term interventions when a gap occurs, including expedited or temporary credentialing;
5. Interventions to fill network gaps and barriers to those interventions;
6. Outcome measures/evaluation of interventions;
7. Ongoing activities for network development based on identified gaps and future needs projection.
8. Coordination between internal departments;
9. Coordination with outside organizations; (**ALTCS** Contractors should address member/provider council activities)
10. A description of network design by GSA for the general population, including details regarding special populations. [**Acute** contractors should understand these populations to include the developmentally delayed (Arizona Early Intervention Program (AzEIP)), the homeless and those in border communities; among others. **ALTCS** Program Contractors should understand these populations to include behavioral health; young adults and children; among others.] The description should cover:
    i. how members access the system
    ii. relationships between various levels of the system
    iii. *(**Acute Only**)* the plan for incorporating the medical home for members and the progress in its implementation
    iv. (**ALTCS Only**) The description should include a list of these providers along with a description of services provided by the program and projected utilization.
11. A description of the adequacy of the geographic access to tertiary hospital services for the Contractor's membership.
12. (**Acute Only**) The assistance provided to PCPs when they refer members to specialists. The methods used to communicate the availability of this assistance to the providers.
13. (**Acute Only**) An analysis of the Contractors Appointment Availability Report statistics as set forth in ACOM Policy 417.
14. The methodology (ies) the Contractor uses to collect and analyze member, provider and staff feedback about the network designs and performance. When specific issues are identified, the protocols for handling them.

(For **ALTCS Contractors Only**)

15. Listing of non-Medicare Certified Home Health Agencies the Contractor is using. The listing is to be provided on the form distributed by AHCCCS and attached to the Plan. (AMPM Policy 1240) (See Attachment A)
16. The strategies the Program Contractor has for Work Force Development. Program Contractors make up the largest payer group for paraprofessionals in the long term care market and must leverage this to ensure adequate resources in the future. Successful efforts to recruit, retain and maintain a long-term care workforce are necessary to meet the needs of the anticipated growth in the ALTCS membership. The Program Contractor must have as part of their network development plan a component regarding paraprofessional work force development in nursing facilities, alternative residential facilities and in-home (attendant care, personal care and homemaker). Work Force Development is defined as all activities that increase the number of individuals participating in the long-term health care workforce. It includes actions related to the active recruitment and pre-employment training of new caregivers and opportunities for the continued training of current caregivers (i.e. Program Contractor supported/sponsored training). Work Force Development also includes efforts to review compensation and benefit incentives, while providing a plan for the expansion of the paraprofessional network at all levels of client care.
17. Strategies the Contractor will take to provide members with "in-home" HCBS versus placing members in Assisted Living Facilities and Nursing Facilities. A priority should be placed on allowing members, when appropriate, to reside or return to their own home versus having to reside in an institutional or alternative residential setting.
18. A listing of Assisted Living Facilities for which the Contractor has already obtained a waiver from the Single Choice Occupancy requirement. Listing must include the name of the facility and the date of the waiver approval. (See Attachment A)
19. A listing of nursing facilities who have withdrawn from the Medicaid Program but are still being utilized by the Contractor. The listing must include the name of the facility and the number of residents the Contractor has in each facility. (See Attachment A)

The plan must include answers to the following questions:

a. (**Acute Only**) How does the Contractor assess the medical and social needs of new members to determine how the Contractor may assist the member in navigating the network more efficiently?
b. (**Acute Only**) What assistance is provided to members with a high severity of illness or higher utilization to better navigate the provider network?
c. (**Acute Only**) How does the Contractor support the Graduate Medical Education (GME) programs within its contracted GSA(s) and pursue contracting opportunities with graduates and providers that are opening new practices in, or relocating to, Arizona, especially in rural or underserved areas?
d. (Acute Only) Describe the Contractors process to increase provider participation in Baby Arizona.
e. What interventions has the Contractor implemented to reduce avoidable/preventable ER utilization? What was the outcome of those interventions?

f. Are members with special health care needs assigned to specialists for their primary care needs? If so, what general criteria are used to determine if a member should be assigned in this manner?

g. What are the most significant barriers to efficient network deployment within the Contractor's service area? How can AHCCCS best support the Contractor's efforts to improve its network and the quality of care delivered to its membership?

h. What interventions has the Contractor implemented to address and reduce no-show rates and how is information collected to assess the efficacy of these measures?

IV. References

- Title 42 of the Code of Federal Regulations (42 CFR) Part 438.200
- Acute Care Contract, Section D
- ALTCS Contract, Section D

NETWORK DEVELOPMENT AND MANAGEMENT REPORT

PROGRAM CONTRACTOR:_____ **DATE:** _____

ALTCS Contract, Paragraph 28, Network Management and Development Plan require the following items to be listed:

Non-Medicare Certified Home Health Agencies (HHA):

	Non-Medicare Certified HHA Name	AHCCCS ID#	Type of Services Provide	Geographic Area Served
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9				
10				

Use of a non-Medicare Home Health Agency(ies) is in compliance with AMPM Chapter 1200, Section 1240, ALTCS Services/Settings, Home Health Services.

List of Assisted Living Facilities for which the Contractor has already obtained a waiver from the Single Choice Occupancy requirement. Listing must include the name of the facility and the date of the waiver approval:

	Assisted Living Center	AHCCCS ID#	City / Area Served	Exception Period (10-07 to 9/08)
1.				
2.				
3.				
4.				
5.				

List of nursing facilities who have withdrawn from the Medicaid Program but are still being utilized by the Contractor. The listing must include the name of the facility and the number of residents the Contractor has in each facility:

	Nursing Facility	AHCCCS ID#	City / Area Served	Number of Residents
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				